



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Gilbert C. Blackwell, D.C.

**Respondent Name**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-17-2614-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

May 4, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The services performed billed amount is \$800."

**Amount in Dispute:** \$150.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Though the diagnosis codes indicate there were two body areas examined, the provider only billed one unit in the units field."

**Response Submitted by:** Gallagher Bassett

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 10, 2017	Examination to determine Maximum Medical Improvement & Impairment Rating	\$150.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - Z710 – The charge for this procedure exceeds the fee schedule allowance.

## **Issues**

Is Gilbert C. Blackwell, D.C. entitled to additional reimbursement for the disputed services?

## **Findings**

Dr. Blackwell is seeking an additional reimbursement of \$150.00 for an examination to determine maximum medical improvement (MMI) and impairment rating (IR).

Per 28 Texas Administrative Code §134.250(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that Dr. Blackwell performed an evaluation of MMI. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 Texas Administrative Code §134.250(4) states, in relevant part, that the following applies for billing and reimbursement of IR evaluations:

- (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form...
- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
  - (i) Musculoskeletal body areas are defined as follows:
    - (I) spine and pelvis;
    - (II) upper extremities and hands; and
    - (III) lower extremities (including feet).
  - (ii) The MAR for musculoskeletal body areas shall be as follows:
    - (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.
    - (II) If full physical evaluation, with range of motion, is performed:
      - (-a-) \$300 for the first musculoskeletal body area; and
      - (-b-) \$150 for each additional musculoskeletal body area.

Review of the submitted documentation supports that Dr. Blackwell provided an impairment rating and performed a full physical evaluation with range of motion for the right wrist and left knee. Dr. Blackwell provided billing documentation (CMS-1500 forms) indicating one unit in the units column (24.G.). The division concludes that Dr. Blackwell is entitled to reimbursement of one body area for his assessment of impairment rating. The MAR for this examination is, therefore, \$300.00.

The total MAR for the services in dispute is \$650.00. New Hampshire Insurance Company reimbursed this amount on or about April 20, 2017. No additional reimbursement is recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 14, 2017  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**